

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-029599

DATE ISSUED: 07/11/2019  
FEE NUMBER: 34515

FIRST AND MIDDLE NAME(S): [REDACTED]  
LAST NAME(S): [REDACTED]

COUNTY OF DEATH: KING  
DATE OF DEATH: JUNE 27, 2017  
HOUR OF DEATH: 11:35 PM  
SEX: FEMALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: [REDACTED]  
RELATIONSHIP: SON  
ADDRESS: [REDACTED]

CAUSE OF DEATH:  
A: SENILE DEGENERATION OF THE BRAIN  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE DUE TO  
BLUNT FORCE INJURY, HYPERTENSION, GASTROINTESTINAL BLEEDING,  
MALIGNANT NEOPLASM OF THE MOUTH

DATE OF INJURY: JUNE 01, 2017  
HOUR OF INJURY: 03:00 AM  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 12844 MILITARY ROAD S.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98168  
COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: FALL OUT OF BED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER  
CITY, STATE, ZIP: BURIE, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]  
CITY, STATE, ZIP: [REDACTED]  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: [REDACTED]  
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: [REDACTED]  
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: LAKEWOOD, WASHINGTON  
DISPOSITION DATE: JULY 07, 2017

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: [REDACTED]  
CITY, STATE, ZIP: [REDACTED]  
FUNERAL DIRECTOR: JAIME N. MARTEN

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 NINTH AVENUE, BOX 359792  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104  
DATE SIGNED: JUNE 30, 2017

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 17-1310  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN  
DATE RECEIVED: JULY 07, 2017